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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/505,183

08/18/2004

Masahiko Negishi

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2375

36218 7590 11/21/2007  
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EXAMINER

SHAFFER, SHULAMITH H

ART UNIT

PAPER NUMBER

1647

MAIL DATE

DELIVERY MODE

11/21/2007

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b><i>Interview Summary</i></b>	<b>Application No.</b> 10/505,183	<b>Applicant(s)</b> NEGISHI ET AL.	
	<b>Examiner</b> Shulamith H. Shafer, Ph.D.	<b>Art Unit</b> 1647	

All participants (applicant, applicant's representative, PTO personnel):

(1) Shulamith H. Shafer, Ph.D. (3) Susan Graf.

(2) Lorraine Spector. (4) Sherie Ryback.

Date of Interview: 06 November 2007.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1,2,6,8 and 37.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner agreed to withdraw 102b rejection over Tomko et al. 112 1<sup>st</sup> and 2<sup>nd</sup> rejections are maintained.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/S. H. S./  
Art Unit 1647  
\_\_\_\_\_  
Examiner's signature, if required

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.